## **TOWN OF BETHEL**

## DATE SUBMITTED:

**ZONING BOARD OF APPEALS** 1 School Street Bethel, Connecticut 06801

(203) 794-8578

## **VARIANCE APPLICATION**

Application #:	Hearing Date:		Fee Paid: \$	
PROPERTY ADDRESS:				
ZONE:AS	SESSORS MAP #:	BLOCK:		
OWNER of RECORD:				
OWNER'S ADDRESS:	Phone#:			
APPLICANTS' NAME:(if different from owner)				
APPLICANT'S ADDRESS:				
Phone#	fax# or en	nail:		
Variance Request relates to: ☐	Enforcement Action $\square$ Us	e 🗌 Dimensional R	Requirement  Certificate of Location	
If variance is requested for	Use or a Dimensional Require	ment:	☐ Other	
Existing		Proposed		
Lot Area (sq. ft.):	Is the prop	erty within 500 feet of a	n adjoining municipality? YES 🗌 NO 🗌	
☐ The property is connected t	o Town Sewers.  If served by a	<b>septic system</b> please	check the following that apply:	
☐ I have not received approval		ent and will apply at a la	(initial) ater date. I understand that the Bethel Health h Code regulations(initial)	
Briefly describe the propose	d Project:			
		-	hem that require a waiver, or if an appeal from	
List the reason(s) why the v	ariance or appeal should be g	ranted, STATING CLE	EARLY THE EXCEPTIONAL DIFFICULTY OR	
APPLICANT(S) SIGNATURE	(if different than owner)	OWNER(S) SIGN	ATURE (required or a Letter of Authorization)	

Please refer to the Zoning Regulations Article 7.1 regarding Non-conforming Conditions, 8.8-Variance Application for application information and decision considerations, and 8.10 for Procedural Requirements.

It is the applicant's responsibility to make certain the application is in complete form.